

Name  
in  
Full

Anna Boller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near Rock Hall <sup>County</sup> Kent MARYLAND

Date of death 1940 <sup>Month</sup> April <sup>Day</sup> 24 <sup>Age</sup> 69 <sup>Years</sup> 51 <sup>Months</sup> 22 <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> England

Occupation House Keeper <sup>Where Residing if not at place of death</sup> at place of death

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup> None

Father's Name James Boller <sup>Father's Birthplace</sup> England

Mother's Maiden Name Amelia Anick <sup>Mother's Birthplace</sup> England

Name of person giving Information Emma Malmquist <sup>How related to deceased</sup> Sister

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Heart disease <sup>How long</sup> One year

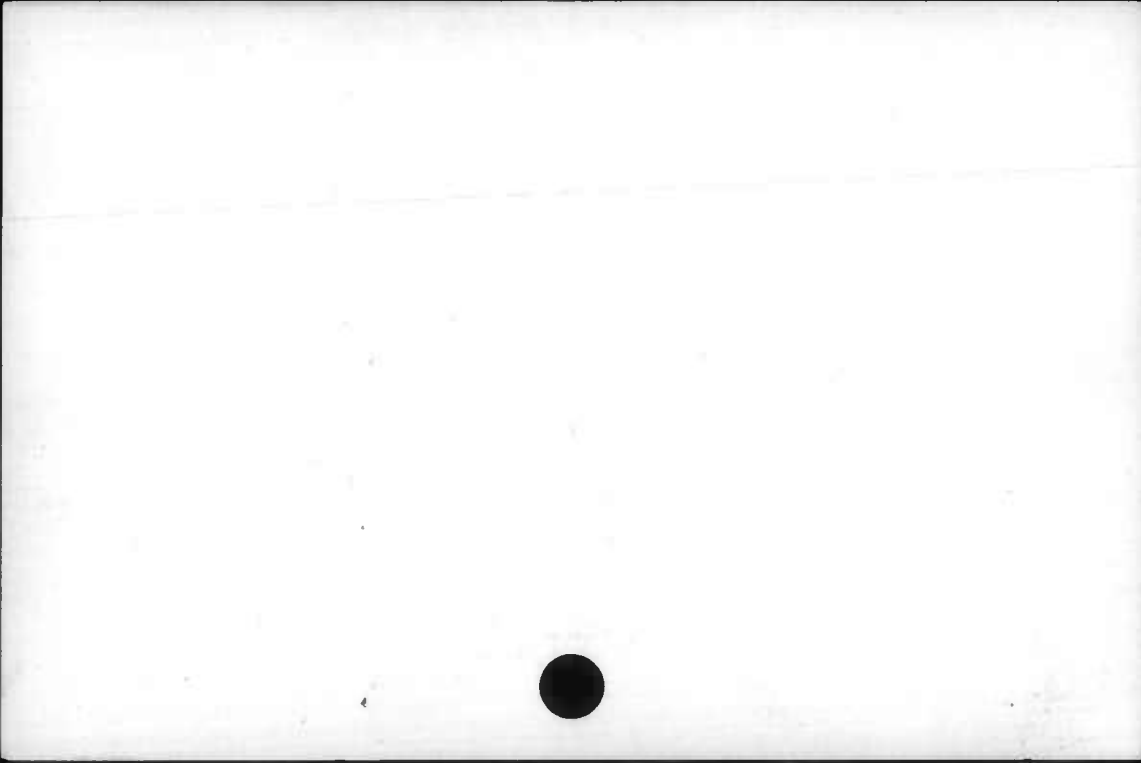
Immediate Exhaustion <sup>How long</sup> One month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. H. Schumacher

Address Rock Hall Md

Accident or Suicide No



Name  
in  
Full

William James Bollen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

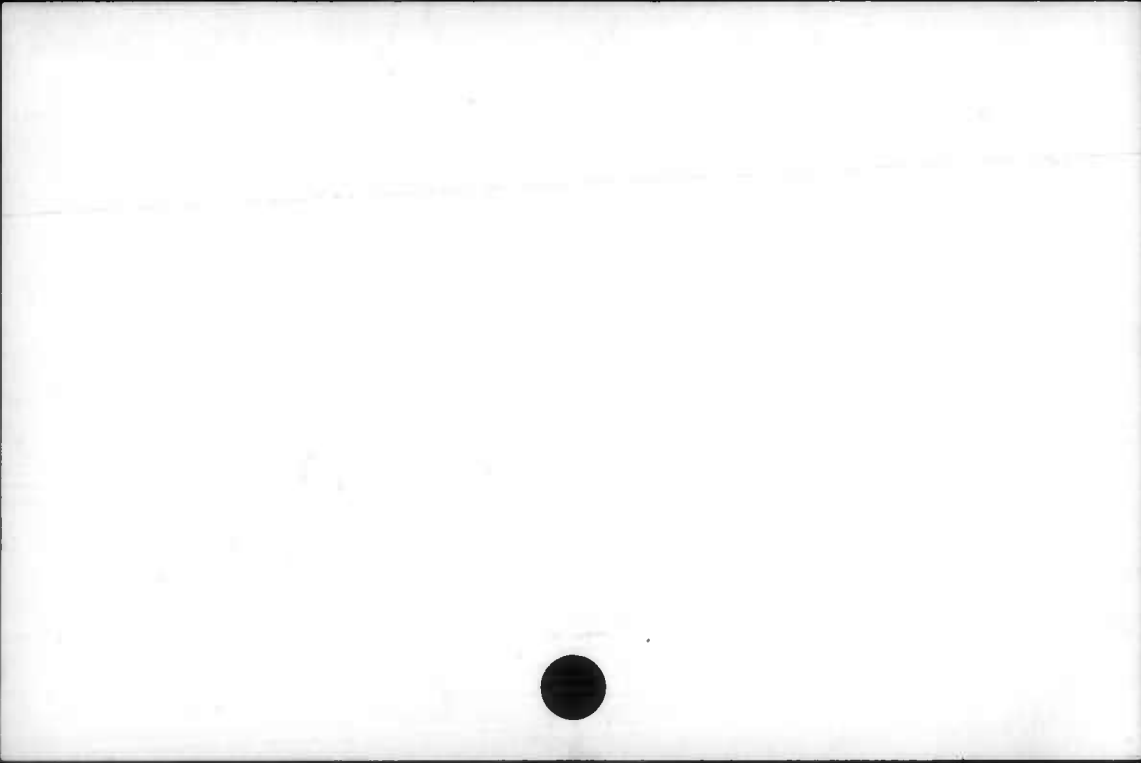
Died at		Town Near Rock Hall		County Kent-		MARYLAND	
Date of death		Month April	Day 24	Age —	Years 2	Months 27	Days
Sex	Male		Color or Race	White		Birth-place	Kent-co Ind
Occupation	None		Where Residing if not at place of death		apple and peach		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	James H Bollen				Father's Birthplace	Kent-co Ind	
Mother's Maiden Name	Elizabeth W. Meren				Mother's Birthplace	Kent-co Ind	
Name of person giving Information	James H Bollen				How related to deceased	Father	

CAUSES OF DEATH

(61) V

PHYSICIAN  
OR CORONER

Primary	Meningitis		How long	3 days
Immediate	Apoplexy		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician H. H. Schmitt	
Accident or Suicide		no	Address Rock Hall Ind	



Name  
in  
Full

## CERTIFICATE OF DEATH

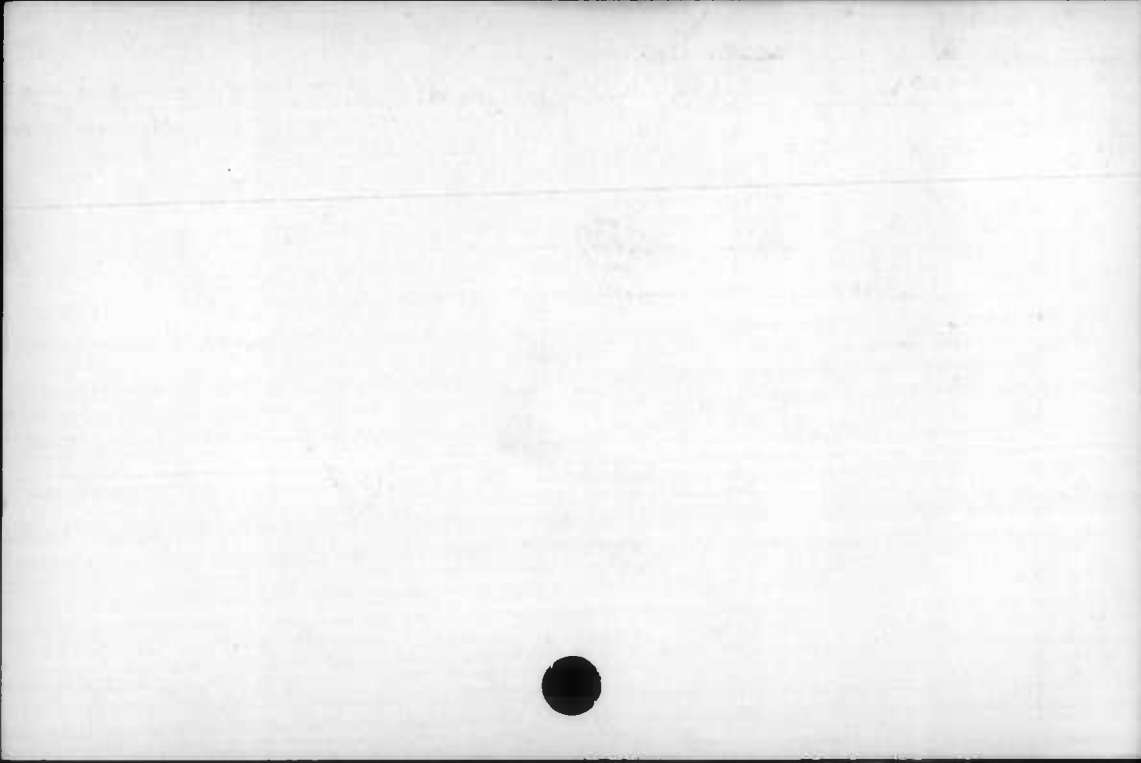
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millington</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	19 <i>00</i>	Month <i>April</i>	Day <i>2nd</i>	Age <i>5-8</i>	Months <i>4</i> Days <i>22</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Teacher</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hannah M. Boyer</i>				
Father's Name <i>James E. Boyer</i>	Father's Birthplace <i>Queen Anne Co Md</i>				
Mother's Maiden Name <i>Mary B. Hall</i>	Mother's Birthplace <i>Caroline Co Md</i>				
Name of person giving information <i>Hannah M. Boyer</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>7 days</i>
Immediate	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Tourneau M.D.</i>
<i>J</i>	Address <i>Millington Md</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Francis' Brooks

Died at Still Pond Creek

Town

County

Kent

MARYLAND

Date of death 1940 April 5 Age 57 Months 2 Days 1

Sex female Color or Race Black Birth-place Md

Occupation Housewife

Where Residing if not  
at place of death

Married, Single or Widowed widow Name of Wife or Husband

John Brooks

Father's Name Alex Wright

Father's Birthplace Md

Mother's Maiden Name Sarah Wilson

Mother's Birthplace Ind

Name of person giving Information Alex Brooks

How related to deceased Bro-in-law.

## CAUSES OF DEATH

Primary Cancer of the Stomach.

How long 40 ✓  
two years.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W.S. Maxwell,  
Still Pond, Md.

Accident or Suicide

Union Church 3d



Addie W. Course

# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <b>Bloomfield</b>	County <b>Hent</b>	<b>MARYLAND</b>					
Date of death	Month <b>April</b>	Day <b>25</b>	Age <b>25</b>	Years	Months	Days		
<b>1900</b>					-	-		

Sex	female	Color or Race	Black	Birth-place	Ind
Occupation					

Occupation carpenter Where Reading if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Alexandra Course

Father's Name	James Witherspoon	Father's Birthplace	U.S.
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Mother's  
Maiden Name *Ellen Freeman* Mother's  
Birthplace *U.S.*

Name of person giving information	Alex. Courie	How related to deceased	Husband
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### CAUSES OF DEATH

Primary *rubra cubensis* Hong *Truncata*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address \_\_\_\_\_

Accident or Suicide

PHYSICIAN  
OR CORONER

Still Pond.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>J. Lewis Brooks</i>		Town <i>Willington</i>		County <i>Knox</i>		State <i>MD</i>	
Died at <i>Willington</i>		Month <i>4</i>		Day <i>17</i>		Years <i>67</i>	
Date of death <i>1900</i>		Age <i>67</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Willington</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ethel Brooks</i>					
Father's Name <i>John Vasbelle</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Adeline Jones</i>		Mother's Birthplace <i>Del</i>					
Name of person giving Information		How related to deceased <i>Wife</i>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<i>Acute Pneumonia</i>	How long	<i>80</i> <input checked="" type="checkbox"/>
Immediate	<i>"</i>	How long	<i>14 years</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

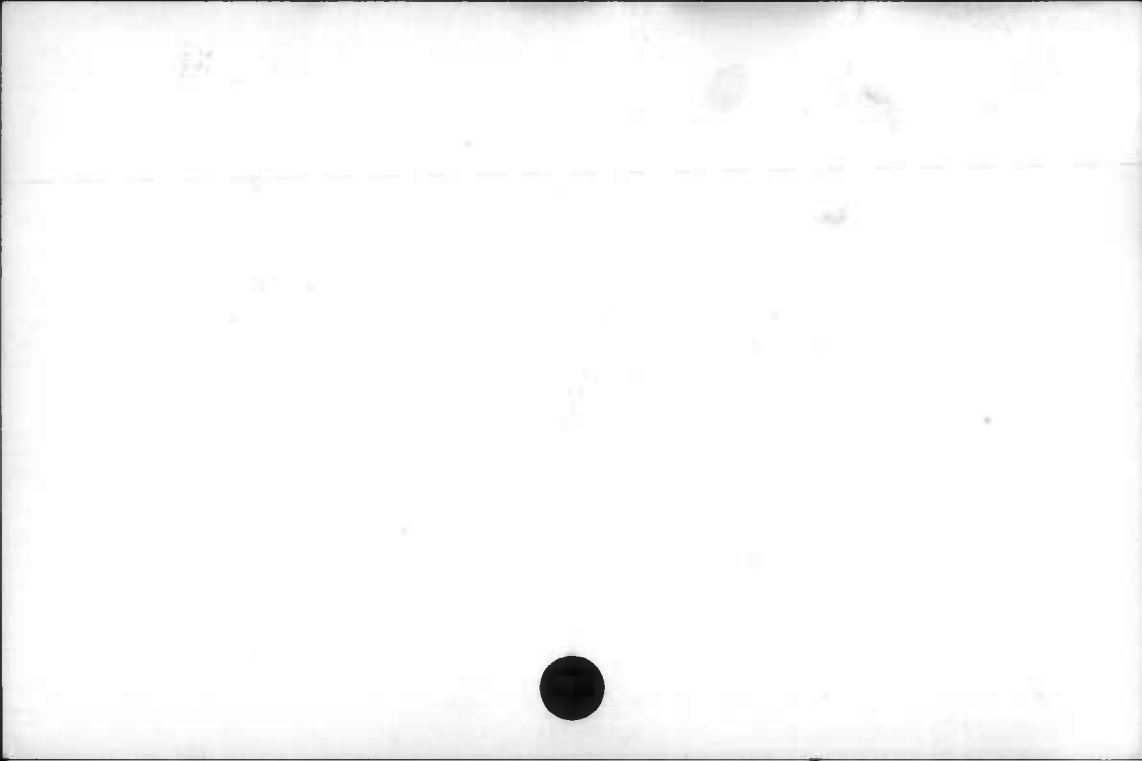
Signature of Physician

Address

*H. Carnegie*

*Willington*

Accident or Suicide



### CERTIFICATE OF DEATH

Chas L Todd  
Near Chestertown

Name  
in  
Full

George E Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at Danville Town Newk County **MARYLAND**  
 Date of death 1960 Month Apr Day 18 Age 18 Years 18 Months 18 Daye  
 Sax Male Color or Race Col Birth-place Ind  
 Occupation Laborer Whare Rasiding if not at place of death —  
 Married, Single or Wldowad Single Neme of Wife or Huebend —  
 Fathar's Neme Verge Diggs Father's Birthplace Ind  
 Mother's Maiden Nama Eda Rasin Mother's Birthplace Ind  
 Neme of person giving Information Skunetta Garrison How related to deceased Wome

CAUSES OF DEATH

78 ✓

PHYSICIAN  
OR CORONER

Primary Acute endocarditis How long about one week  
 Immediate Cardiac failure How long several hours  
 Are the neme, aga, sex, color, date end place correctly given abova? yes Signature of Physician W E Simpson  
 Address Charlestown Ind  
 Accident or Suicide no

J. E. Ferguson



Name  
in  
Full

Infant Jones. Still Birth.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Still Pond <sup>County</sup> Kent **MARYLAND**  
 Date of death 1910 <sup>Month</sup> April <sup>Day</sup> 29 Age <sup>Years</sup> ~~2~~ <sup>Months</sup> ~~1~~ <sup>Days</sup> ~~1~~  
 Sex female Color or Race black Birth-place Md  
 Occupation none Where Residing if not at place of death —  
 Married, Single or Widowed Single Name of Wife or Husband —  
 Father's Name Unknown Father's Birthplace Unknown  
 Mother's Maiden Name Mina Jones Mother's Birthplace Md  
 Name of person giving Information Annetta Graves How related to deceased Branch-Mother

CAUSES OF DEATH

Primary Still Born.

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

yes.

Signature of Physician

Address

W. S. Maxwell.  
Still Pond, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

Still Pond

Name  
in  
Full

CERTIFICATE OF DEATH

Margaret A Little

Town

County

MARYLAND

Died at

Chestertown

Kent

Date

Month

Day

Years

Monthe

Deye

of death

1940

April

6

Age

64

Sex

female

Color or  
Rece

black

Birth-  
place

Kent-Co

Occupation

Cook

Where Residing if not  
et place of deeth

Married, Single  
or Widowed

Name of Wife or  
Husband

Ed Little

Father's  
Neme

Risben Cooper

Father's  
Birthplace

Kent-Co

Mother's  
Meiden Neme

don't know

Mother's  
Birthplace

don't know

Neme of person giving  
Information

Thos. Carmichael

How related  
to deceased

none

CAUSES OF DEATH

Primery

Pneumonia  
Eruption

How long

3 weeks

Immediete

How long

6 days

Are the neme, ege, sex, color, dete  
end place correctly given above?

yes

Signature of  
Physician

Address

Chas W Whalander  
Chestertown Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sicks

Colored Cemetery  
Chester Town

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John C Money* Town *Locust Grove* County *Kent*

Died at *Locust Grove* *Kent* MARYLAND

Date of death 19*00* Month *April* Day *5* Age *77* Months *1* Days *29*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Sarah a Sanders*

Father's Name *Alphonse Money* Father's Birthplace *Md*

Mother's Maiden Name *Mary Ruley* Mother's Birthplace *Md*

Name of person giving Information *August Money* How related to deceased *Son*

CAUSES OF DEATH

(120) ✓

PHYSICIAN  
OR CORONER

Primary *Bright disease,* How long *no weeks.*

*Heart failure,* How long

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *W.S. Maxwell,*

Address *Still Pond Md.*

Accident *✓* Suicide

Chester Cemetery

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Thos H Guyer* Town *Washington* County *Kent* State *MARYLAND*  
Died at *Washington* Month *11* Day *20* Year *1900* Age *71* Months *11* Days *20*  
Date of death *1900 11 20*  
Sex *Male* Color or Race *White* Birth-place *Kent CO*  
Occupation *Farmer* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *Lucy Guyer*  
Father's Name *Unknown* Father's Birthplace *Unknown*  
Mother's Maiden Name *Unknown* Mother's Birthplace *"*  
Name of person giving Information *"* How related to deceased *"*

CAUSES OF DEATH

Primary *Gastroenteritis* How long *21 minutes*  
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

Blackman  
church  
Bul



Name  
in  
Full

Elin Oakley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Fountain		County Kent		MARYLAND	
Date of death	19	Month April	Day 22	Age 16	Months 2	Days 14	
Sex Female	Color or Race Cauc		Birth- place Fountain				
Occupation None			Where Residing If not at place of death Home				
Married, Single or Widowed Single			Name of Wife or Husband				
Father's Name Lewis Oakley				Father's Birthplace 2 Shunk			
Mother's Maiden Name Annie Wilson				Mother's Birthplace Morg-Kent			
Name of person giving In formation Annie Oakley				How related to deceased Mother			

## CAUSES OF DEATH

28

✓

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.	How long	3 months
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W.S. Maxwell,	
		Address	
		Still Pond, Md.	
Accident or Suicide?			

Chas L Wood  
Fountain

Name  
in  
Full

Robertine L. Raymond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Still Pond</i>		County <i>Stent</i>		MARYLAND	
Date of death	19 <i>40</i>	Month <i>April</i>	Day <i>22</i>	Age <i>79</i>	Months <i>-</i> Days <i>-</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Grutter woman</i>	Where Residing if not at place of death <i>- - -</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>James W. Raymond</i>				
Father's Name <i>Mr Allen</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Bowers</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Carrington</i>		How related to deceased <i>Son-in-law.</i>			

CAUSES OF DEATH

*66*

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis of brain</i>	How long <i>9 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Norton Kelsey</i>
	Address <i>Still Pond, Md.</i>
Accident or Suicida	

Still Pond

Name  
in  
Full

Thomas Jefferson Rich

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Rock Hall<sup>County</sup> Kent

MARYLAND

Date  
of death 1960Month  
AprilDay  
10

Age

Years  
72Months  
11Days  
25

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Farmer

Where Residing if not  
at place of death

at Blue Sp. South

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Marry E. Faucett

Father's  
Name

James M. Rich

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Serenno M. Cannon

Mother's  
Birthplace

Maryland

Name of person giving  
In formation

Marry E. Faucett

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Heart disease

How long

4 months

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

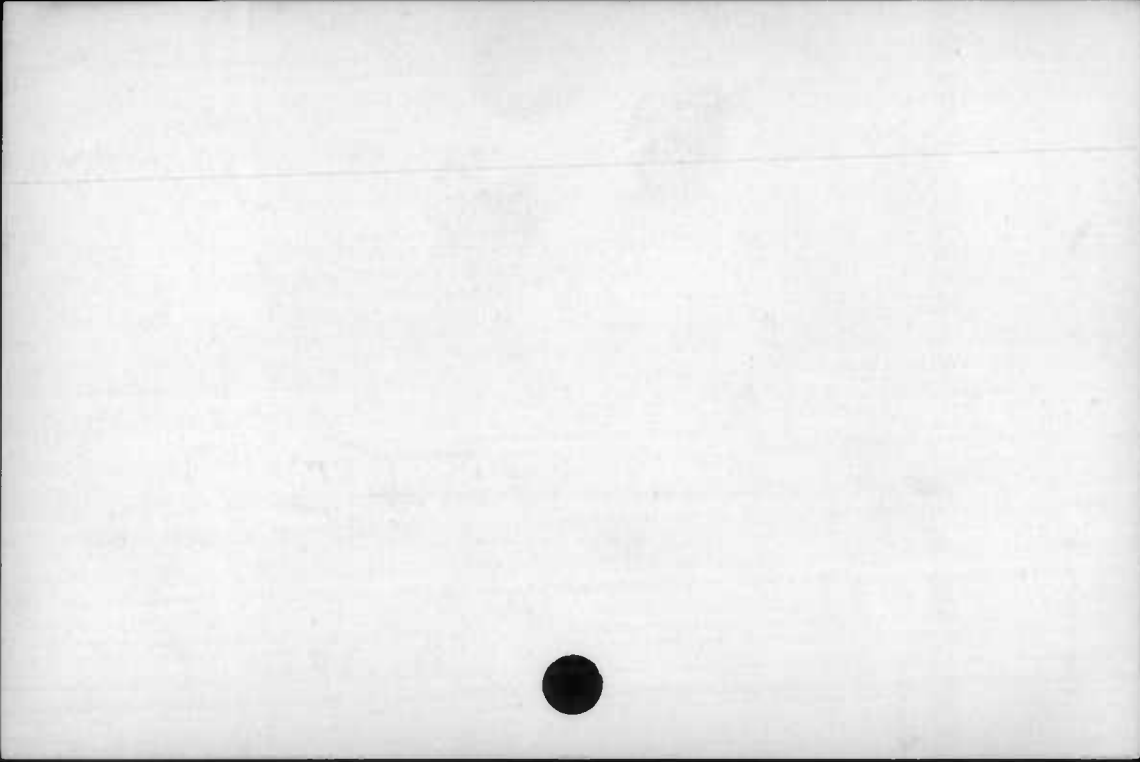
Walter C. Kelly M.D.

Address

Rock Hall, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Georgetown* Town *Kent* County

Date of death *1950* Month *April* Day *19* Age *45* Years Months Days

Sex *Female* Color or Race *African* Birthplace *Kent Co Md*

Occupation *None* Where Residing if not at place of death *Baltimore Md*

Married, Single or Widowed *M.* Name of Wife or Husband *James Smith*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Bessie Kydon* Mother's Birthplace *Kent Co Md*

Name of person giving Information *Kate Henry* How related to deceased *Cousin*

CAUSES OF DEATH

*28* ✓

Primary *Pulmonary Tuberculosis* How long *1 year*

Immediate *Aspiration* How long *6 weeks*

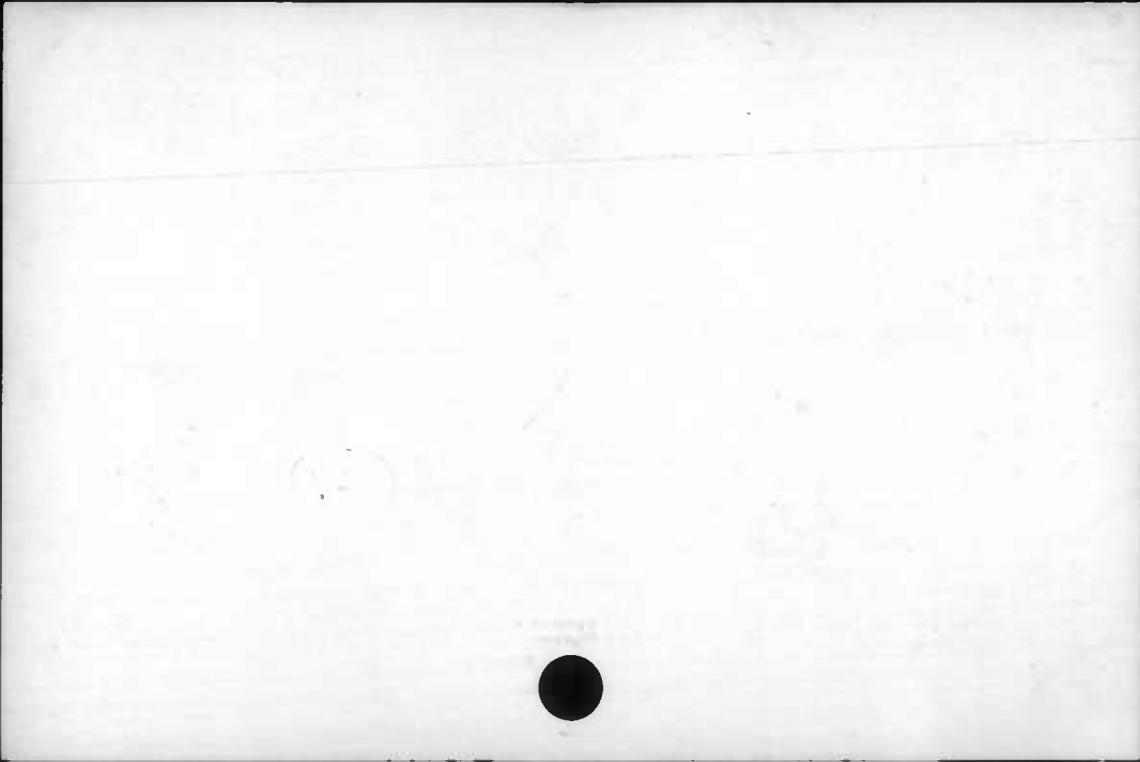
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. J. Smith MD* Address *Chickentown 2nd*

Accident or Suicide *No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*William G. Sutton*  
Town *Edesville* County *Kent* MARYLAND

Died at *Edesville* *Kent*

Date of death *1980* Month *Apr.* Day *13* Age *59* Months *0* Days *23*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *-*

Married, Single or Widowed *M.* Name of Wife or Husband *Abbie Berry.*

Father's Name *Andrew Jackson Sutton* Father's Birthplace *Maryland*

Mother's Maiden Name *Harriet Edwards* Mother's Birthplace *Maryland*

Name of person giving Information *Linwood Sutton* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *6 years*

Immediate *Exhaustion* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. Smith* Address *Chestertown Md*

Accident or Suicide *No*

Chas L. Dodd  
Chester Cemetery

---

Name  
in  
Full

Milburt Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Broad near Kent <sup>Town</sup> <sup>County</sup> **MARYLAND**

Date of death 1960 Apr. <sup>Month</sup> 11 <sup>Day</sup> Age 2 <sup>Years</sup> 2 <sup>Months</sup> ✓ <sup>Days</sup>

Sex male Color or Race Black Birth-place Kent Co.

Occupation none Where Residing if not at place of death Kent Co.

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Alfred Warner Father's Birthplace Kent Co.

Mother's Maiden Name Gerta ~~Warner~~ Boyer Mother's Birthplace Kent Co.

Name of person giving Information Alfred Warner How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary Inanition How long 2 months

Immediate Inanition How long 2 months

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank B. Stries

Address Chester town, Md.

Accident or Suicide no



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butterton</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death <i>1910</i>	Month <i>Apr</i>	Day <i>23</i>	Age <i>—</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Easter Why</i>			Father's Birthplace <i>Kent co</i>		
Mother's Maiden Name <i>Abella Billison</i>			Mother's Birthplace <i>Kent co</i>		
Name of person giving information <i>Easter Why</i>			How related to deceased <i>Father.</i>		

## CAUSES OF DEATH

71 ✓

PHYSICIAN  
OR CORONER

Primary <i>Malaria.</i>	How long <i>3 months</i>
Immediate <i>Convulsions.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. S. Maxwell.</i>
<i>2</i>	Address <i>Sitt Pond, Md.</i>
Accident or Suicide?	

J. C. Ferguson

Name  
in  
Full

Mary E. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charlottesville</i>		County <i>Kent</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Apr</i>	Day <i>11</i>	Age <i>28</i>	Months <i>1</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Queen Anne Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Wilson Jr</i>				
Father's Name <i>James T. Daniels</i>	Father's Birthplace <i>Queen Anne Co</i>				
Mother's Maiden Name <i>Alfonsia Bersick</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving Information <i>Joseph Wilson</i>				How related to deceased <i>Husband</i>	

## CAUSES OF DEATH

28

✓

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis - Pulm.</i>	How long	<i>One Year</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>C. P. Gorman MD</i>
		Address	<i>Millington Ma</i>
Accident or Suicide	<i>—</i>		

Chesterville



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Wright* Town *Fairlee* County *Kent.* MARYLAND  
Died at  
Date of death *1940 April 15* Age *69* Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *Male* Color or Race *African* Birth-place *Kentwood*  
Occupation *Farmlabores.* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *M.* Name of Wife or Husband *Arminia Harris.*  
Father's Name *unknown* Father's Birthplace *unknown*  
Mother's Maiden Name *unknown* Mother's Birthplace *unknown*  
Name of person giving Information *Trudy Spencer* How related to deceased *father-in-law*

CAUSES OF DEATH

*120*

PHYSICIAN  
OR CORONER

Primary *Chronic Nephritis* How long *3 years.*  
Immediate *uremia* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

*Yes*  
*no.*

Signature of Physician

Address

*Frank W. Smith*  
*Chestertown*  
*md.*

Accident or Suicide

Hicks,

Sandy bottom,

Kent.-Co.,

Md.